

APPLICATION FOR A BIOSOLIDS USE PERMIT

For Department Use Only

Commonwealth of Virginia
Department of Environmental Quality
DEQ Regional Office

Identification No.: _____
Date Received: _____

Type of System or Works: ☐ NEW ☐ UPGRADE ☐ MODIFICATIONS

Owner:

Name: _____

Street or Mailing Address: _____

City _____ State _____ Zip Code _____

Phone No.: (_____) _____
Area Code

Authorized Representative:

Name: _____

Street or Mailing Address: _____

City _____ State _____ Zip Code _____

Phone No.: (_____) _____
Area Code

Consulting Engineer:

Name of Firm: _____

Project Engineer: _____

Street or Mailing Address: _____

Phone No.: (_____) _____
Area Code

Project Description:

Permit No.: _____

☐ INTERIM

☐ FINAL

DATE ISSUED: _____ EXPIRATION DATE: _____

☐ System ☐ Works Biosolids Source(s) _____

Location of Project/Discharge:

City: _____ Counties: _____
(Attach listing of Sites if Applicable)

Total acreage involved: _____

Total annual amount of Biosolids from each source: _____

Type of treatment for pathogen control for each source (if applicable) _____

Process Description including supernatant management _____

Treatment Certification:

Owner of Receiving Sewage Collection System/Treatment Works: _____

Phone #: _____

Street or Mailing Address: _____

City _____ State _____ Zip Code _____

┘ Yes ┘ No A statement indicating that a proper class of Biosolids treatment will be provided for this project has been issued by the owner(s) of the Biosolids Source/Treatment Works and is attached.

(Name, Title and Signature of Official Representative)